

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101048041	FILING DATE				
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1												
2							51					
3							52					
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48							97					
49							98					
50							99					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	18						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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